

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18		1				
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22		1				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	9					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						